

ARIZONA DEPARTMENT OF WATER RESOURCES
WATER MANAGEMENT DIVISION
MAIL TO: P.O. BOX 33589, PHOENIX, ARIZONA 85067-3589
3550 North Central Avenue, Phoenix, Arizona 85012
Phone (602) 771-8585 • Fax (602) 771-8688

**APPLICATION FOR PERMIT TO WITHDRAW GROUNDWATER
FOR TEMPORARY DEWATERING PURPOSES
WITHIN AN ACTIVE MANAGEMENT AREA (A.R.S. § 45-518)**

I. INSTRUCTIONS:

1. COMPLETE ALL APPROPRIATE ITEMS ON THIS APPLICATION AND SIGN IN DESIGNATED PLACE.
2. Mail to P.O. Box 33589, Phoenix, Arizona 85067-3589 or hand deliver to the above address.
3. Pursuant to A.R.S. § 45-113 the application fee is \$50.00
4. Pursuant to A.R.S. § 45-113 the permit fee is \$50.00 and will be requested prior to issuance of permit.
5. Use explanatory section on back for clarification.

FOR DEPARTMENT USE ONLY

Application/Permit No. _____
Filed _____
AMA _____
S/B _____ W/S _____

II. GENERAL DATA

1. Name of Applicant _____

Address	City	State	Zip	Telephone Number	Mailing

2. TYPE OF TEMPORARY DEWATERING PERMIT (check only one box):

- ☐ Dewatering permit necessary for the construction or structural integrity of improvements on the land from which the groundwater is proposed to be withdrawn. (This dewatering must be consistent with the AMA Management Plan).
- ☐ An emergency dewatering permit to avoid property damage or inordinate expense or delay. A dewatering permit application of the first type above must be on file with the Department and under consideration. This emergency permit will terminate if the conditions that gave rise to its issuance no longer apply or if the above-mentioned dewatering permit is issued or denied, pursuant to A.R.S. § 45-518.D.
- ☐ An extension of a dewatering permit of the types above. State application or permit #: _____
The condition of the original permit must still apply and the water withdrawn pursuant to this extension must be used beneficially by persons who would otherwise be permitted to use groundwater legally. A permit can be extended for 5 years. Continued dewatering must not harm any person permitted to withdraw or use groundwater.

3. Groundwater will be withdrawn within the _____ sub-basin of the _____ Active Management Area.

4. State your plan for disposing of the groundwater withdrawn: _____

5. If different from No. 1, state legal description, and owner's name and mailing address, of land on which the applicant proposes to dispose of the groundwater: _____
Legal Description

Owner	Mailing address	City	State	Zip
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6. Describe why dewatering is necessary for construction or structural integrity of improvements on the land where groundwater is proposed to be withdrawn: _____

7. Total amount of groundwater for which application is being made: _____ acre feet. If this application is approved and a permit is granted, accurate and current records of groundwater withdrawal must be maintained, annual pumping reports must be submitted, and annual withdrawal fees must be paid to ADWR, pursuant to A.R.S. § 45-632.

8. Proposed duration of the dewatering: _____ days _____ months.

9. Groundwater to be withdrawn by means of:

A. Wells already in existence:

Registration Number	Location	Depth	Diameter of Casing	Casing Material
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55- _____	_____	_____	_____	_____
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55- _____	_____	_____	_____	_____
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B. New Wells:

Complete and attach Well Construction Supplement, DWR Form 55-90, for each new well.

C. Trench or Sand Points (describe here):

10. State your plans for the dewatering facilities (wells, etc.) after dewatering is completed. If a well is to be abandoned, this must be done by a licensed driller. Driller's name, mailing address, DWR Number and Registrar of Contractors License Category required here:

NAME OF DRILLER:

Name	Telephone Number
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Mailing Address	City	State	Zip Code
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DWR License Number: _____ ROC License Category: _____

Explanatory: _____

It is understood that the Permit, if granted, will be issued in accordance with the Groundwater Code, Title 45, Chapter 2). The permittee will be bound by the provisions of such law and the provisions of the Permit issued.

I (we), _____ hereby affirm that all information provided in this application
(Print Name) is true and correct to the best of my/our knowledge.

Signature of Applicant(s) _____ Date _____